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** CONTINUING DATA ***** *NONE*** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 7	TOTAL CLAIMS 91	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Combination compression and registration techniques to implement temporal subtraction as an application service provider to detect changes over time to medical imaging

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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